2019 2019	1
DEC	
80	

տ 990-T	Exempt Orga		siness li	ncome T	ax Return	· -	OMB No 1545-0687	<u> </u>
	•	nd proxy tax und	er section	-	•		2018	
	For calendar year 2018 or other tax ye	ar beginning /.irs.gov/Form990T for in	actructions and	, and ending	ation	-	Z 0 10	٠,
partment of the Treasury ernal Revenue Service	► Do not enter SSN number	5	Open to Public Inspection i01(c)(3) Organizations On	for ily				
Check box if address changed	Name of organization (Chèck box if namé o	hanged and see	e instructions.)		Emple	yer identification number byees' trust, see itions)	. .
Exempt under section	Print ENSIGN PEAK	ADVISORS,	INC.			+	4-1432969	
∑ 501(c) 3)	or Number, street, and roor						ted business activity code structions)	0
408(e) 220(e)	50 E NORTH	TEMPLE ST -				-		
408A 530(a) 529(a)	SALT LAKE C		or foreign postal 150 – 002			5259	990 54190	0
Book value of all assets at end of year	F Group exemption num		<u> </u>	504(-) 4	404/-		Other true	<u>_</u> (
	000 G Check organization typ		poration 1	501(c) trust	401(a)		Other trust	<u></u>
	organization's unrelated trades or ► INVESTMENTS IN		DG		the only (or first) ur , complete Parts I-V.		than one	
	lank space at the end of the previo							
pusiness, then complete		as semence, complete re	i anu II, 601	pioto a ocificadio	, in io. suon audition	uuu	- .	
	the corporation a subsidiary in an	affiliated group or a pare	nt-subsidiary co	ontrolled group?	STMT 4▶	X Yes	s No	_
f "Yes," enter the name a	nd identifying number of the parei	nt corporation. 🕨 🖊	OPP	<i>23</i> -7	3m405			
The books are in care of	► ETHAN FISHER	- FINANCE	MANAGER	Teleph	one number 🕨 8			
art I Unrelate	d Trade or Business Inc	ome		(A) Income	(B) Expense:	5	(C) Net	
a Gross receipts or sale	s	1			"这样"的		A COMMENTE	Ä
b Less returns and allo		c Balance .	1c		WHAT WAS TO SEE THE SE	Mark Did	AND THE RESERVE AND THE PARTY OF THE PARTY O	<u> </u>
Cost of goods sold (S			2				现的人们让他们的	£.127
Gross profit. Subtrac			3 26 1	506 101	CHECK STATES		26,506,101	
Capital gain net incor Net gain (less) (Form	•	n 4707)		<u>506,101.</u> 377,667.			28,377,667	
 Net gain (loss) (Form Capital loss deduction 	4797, Part II, line 17) (attach Forr	114/9/)	4b 28,.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	CATTURATE RESIDENT		40,511,001	<u>•</u>
	i for trusts partnership or an S corporation (a	ittach statement\		609.715.			-6,609,715	
Rent income (Schedi			6					_
4	ed income (Schedule E)		7					_
Land Sales	valties, and rents from a controlled	organization (Schedule F)	8					_
Investment income o	a section 501(c)(7), (9), or (17) o	rganization (Schedule G)	9]		_
· ·	vity income (Schedule I)		10					_
Advertising income (11		- With Charles and a second	CONFER !	01 250	
•	,	TATEMENT 2	12		2015年1日1日		21,352 48,295,405	_
Total. Combine lines	3 through 12 ns Not Taken Elsewhe	re /coo		295,405.	L		40,493,403	<u>, •</u>
	ns Not Taken Elsewner contributions, deductions mus							
	icers, directors, and trustees (Sch	·			· · · · · · · · · · · · · · · · · · ·	14		_
Salaries and wages	المرادع وعادونا عالم المرادون المرادون المرادون	22210 117				15		
Repairs and mainter	ance	RECEI	VED]		16		
Bad debts		I LECEI	VED	اد		17		
	dule) (see instructions)	8 404 10	2010	∤		18		
Taxes and licenses		00 NOV 18	Z019 12	<u>,</u>		19	582,538	<u>.</u>
	ons (See instructions for limitation	n rules		4		20		—
Depreciation (attach	•	OGDEN	1, UT	21		200E	•	
•	aimed on Schedule A and elsewhe	re on return				22b		_
Depletion	arrad aamaanaattaa al					23	······································	—
	erred compensation plans					25		—
Employee benefit pr	-					26		_
	•					27		_
					CEMENT 3	28	6,992,804	<u>.</u>
Excess readership o	·			SEE STAT				
Excess readership of Other deductions (a	tach schedule)			SEE STAT	EBRIDINI 3	29	7,575,342	<u>1 - </u>
Excess readership of Other deductions (a Total deductions.	·	g loss deduction. Subtrac	ot line 29 from l		L DILLIVI	30	40,720,063	3.
Excess readership of Other deductions (a Total deductions. A Unrelated business	tach schedule) dd lines 14 through 28			line 13	i Birilli 1	30 31		3 . A:\}

1. T. B.1

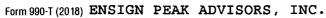


6-23





Form 990-T (20	18) ENSIGN PEAK ADVISO	RS, INC.		84-143	296	9	Page 2
Part III	Total Unrelated Business Taxal	ble Income					
33 Tot	tal of unrelated business taxable income compute	ed from all unrelated trades or businesses	(see instructions)		33	40,72	0,063.
	nounts paid for disallowed fringes		,		34		
	duction for net operating loss arising in tax years	s beginning before January 1, 2018 (see ii	nstructions) S	TMT 6	35	35,44	0,633.
	tal of unrelated business taxable income before s	• • • • • • • • • • • • • • • • • • • •	•				
	es 33 and 34				36	5.27	9,430.
	ecific deduction (Generally \$1,000, but see line 3	37 instructions for exceptions)			37		1,000.
	related business taxable income. Subtract line		line 36				
	ter the smaller of zero or line 36	or non-mic oo ii mic or ie greate. man	,,,,,,		38	5.27	8,430.
Part IV	Tax Computation				1 00 .,		- /
	ganizations Taxable as Corporations. Multiply I	line 38 by 21% (0.21)			39	1.10	8,470.
	usts Taxable at Trust Rates. See instructions for		unt on line 38 from:	•	 " .	<u> </u>	- / - · · · ·
40 110	Tax rate schedule or Schedule D (For		unt on line 30 from.		40		
41 Pro	oxy tax. See instructions	1111 1041)			41		
	ernative minimum tax (trusts only)				-		
	•	***			42		
	x on Noncompliant Facility Income. See instruc				43	1 10	8,470.
Part V	tal. Add lines 41, 42, and 43 to line 39 or 40, who Tax and Payments	ichever applies			44	1,10	5,470.
		A	45.	11 100	Τ Τ		
	reign tax credit (corporations attach Form 1118; t	trusts attach Form 1116)		<u>841,189.</u>	<u> </u> ``		
	ner credits (see instructions)		45b	01 122	√ <u> </u>		
	neral business credit. Attach Form 3800	,	45c	91,123.	<u>'</u> '		
	edit for prior year minimum tax (attach Form 880	01 or 8827)	45d 6	<u>576,158.</u>		1 10	0 470
	tal credits. Add lines 45a through 45d				45e	1,10	<u>8,470.</u>
	btract line 45e from line 44		[]		46		0.
	 -	Form 8611 Form 8697 Form	n 8866 Other	(attach schedule)	47_		
	tal tax. Add lines 46 and 47 (see instructions)				48	-	0.
	18 net 965 tax liability paid from Form 965-A or F	Form 965-B, Part II, column (k), line 2	م ما		49		4,484.
-	yments: A 2017 overpayment credited to 2018			<u>161,389.</u>	1 1		
	18 estimated tax payments		50b 2,2	<u>250,000.</u>	'		
c Tax	x deposited with Form 8868		50c		↓ i		
d For	reign organizations. Tax paid or withheld at sourc	ce (see instructions)	50d		. I		
e Bac	ckup withholding (see instructions)		50e		↓ .		
f Cre	edit for small employer health insurance premium	ns (attach Form 8941)	50f		. I		
g Oth		orm 2439			-		
L	Form 4136 X 0t			<u>216,312.</u>	J		
51 Tot	tal payments. Add lines 50a through 50g ullet ullet	NCL SEC 965SEE S	STATEMENT	5	51	3,62	<u>7,701.</u>
52 Est	timated tax penalty (see instructions). Check if Fo	orm 2220 is attached 🕨 🔙			52		
53 Tax	x due If line 51 is less than the total of lines 48,	49, and 52, enter amount owed		>	53		
54 Ove	erpayment. If line 51 is larger than the total of lii	nes 48, 49, and 52, enter amount overpai	d ,	>	54	3,62	3,217.
	ter the amount of line 54 you want; Credited to 2			efunded 🕨	55		0.
Part VI	Statements Regarding Certain	Activities and Other Informa	ition (see instru	ictions)			
56 At a	any time during the 2018 calendar year, did the o	organization have an interest in or a signa	ture or other authori	ty		ĺ	Yes No
ove	er a financial account (bank, securities, or other)	in a foreign country? If "Yes," the organization	ation may have to fil	e			}
Fin	CEN Form 114, Report of Foreign Bank and Finar	ncial Accounts. If "Yes," enter the name of	the foreign country				;
here	e >						X
57 Dur	ring the tax year, did the organization receive a d	listribution from, or was it the grantor of,	or transferor to, a fo	reign trust?			X
	Yes," see instructions for other forms the organiz			·			
	er the amount of tax-exempt interest received or	-				j	.] ;
	Under penalties of perjury, I declare that I have examined	this return, including accompanying schedules an	d statements, and to the	best of my knowled	dge and b	elief, it is true	
Sign	correct, and complete Declaration of preparer (other than				nu tha Ind	discuss this	roburnth
Here	Male! Clase	1111719 \ SENIOR	VICE PRES	A BENT I	-	s discuss this r shown belov	
1	Signature of officer	Date Title			structions		
L	Print/Type preparer's name	Preparer's signature	Date	Check	f PTII	V	
Paid	The property of figure			self- employed	' ''	•	
	SARAH REDDEN	Sawn Redden	11/8/2019		P	00898	534
Preparer	A DUT OTHER DAY		ı	Firm's EIN ▶		6-106	
Use Only		IXTH STREET		THE STATE OF THE S			
	Firm's address MINNEAPOLI			Phone no. 6	12-	397-40	000
823711 01-09-1		_,,		,			0-T (2018)
• • • • • •						,	ν-0.0)





Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation 🕨 N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea	r .		6	
2 Purchases	2		7	Cost of goods sold. Su	ıbtract I	ine 6	4.5085	
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to	Yes	No
b Other costs (attach schedule)	4b		7	property produced or a	cquired	for resale) apply to	1. 3 E	
5 Total Add lines 1 through 4b	5		7	the organization?				
Schedule C - Rent Income	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prope	erty)	
(see instructions)								
1 Description of property								
(1)						 		
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued						
(a) From personal property (if the per	centage of	(b) From real	and pers	onal property (if the percentage	ge	3(a) Deductions directly of	connected with the income in d 2(b) (attach schedule)	
rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	property exceeds 50% or if ed on profit or income)		Columbia Z(u) um	a z(b) (dragon sonogoro)	
(1)							-	
(2)				-				
(3)					_			
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.		
here and on page 1, Part I, line 6, column		>			0.	Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)				
			Ι,			3 Deductions directly conn to debt-finance		
1.0			1 '	. Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions	
Description of debt-fit	nanced property			financed property	(-,	(attach schedule)	(attach schedule)	
			↓					
(1)			↓					
(2)		<u> </u>	- ↓				ļ	
_(3)			\bot					
(4)			↓					
4 Amount of average acquisition debt on or allocable to debt-financed	5. Average	adjusted basis allocable to	€	Column 4 divided by column 5		7. Gross income reportable (column	8 Allocable deduction (column 6 x total of column	S
property (attach schedule)	debt-fina	nced property h schedule)		by column 5		2 x column 6)	3(a) and 3(b))	IIIS
	(and		1				 	
			—	<u></u> %		 		
_(2)			↓	%				
(3)			↓	%	<u></u>		1	
(4)	L			%			ļ	
						inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1 Part I, line 7, column (8)	
Tatala		•		_		0.	1	0.
Totals				. •	1	υ.	· [•

Total dividends-received deductions included in column 8

		, ,							(-,
				Exempt (Controlled O	ganızatı	ons				
1. Name of controlled organizati	on	2. Emp identific numl	ation		elated income instructions)	4. Tot payr	tal of specified ments made	ınclud	rt of column 4 led in the contration's gross	rolling	Deductions directly connected with income in column 5
(1)					-						
(2)				 			- , ,-				
	_			<u> </u>							
(3)				· · · · ·	-						
Nonexempt Controlled Organia	zations	L		<u> </u>			-				
7. Taxable Income	8. Net u	inrelated incom see instructions		9. Total	of specified payn made	nents	10 Part of colu in the controll gross	mn 9 tha ing orgar s income	nzation's	11 De with	ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)					-						
				,		,	Add colur Enter here and line 8,		a 1, Parti, A)	Enter h	Id columns 6 and 11 eare and on page 1 Part I, line 8, column (B)
Totals					1 (0) (<u> </u>			0.		0.
Schedule G - Investme		ne of a S	ection	501(c)(7	'), (9), or (17) Org	ganization				
(see instr	ription of inco	ome			2. Amount of	income	3. Deduction	cted	4 Set-asides (attach schedule)		5 Total deductions and set-asides
/1)							(attach sched	iute)	,	,	(col 3 plus col 4)
(1)		_			 						
(2)				-	<u> </u>						
(4)					 		-				
					Enter here and e Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				•		ο.					0.
Schedule I - Exploited	Evemnt	Activity	Incom		Than Adv		a Income				
(see instru		Activity	11100111	e, Other	man Au	ei asii:	ig income				
Description of exploited activity	2. C unrelated incom	Gross I business ne from business	directly with pr of un	openses connected oduction irelated ss income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity is not unrelat business inco	that ted	attribut	penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)		-									
	page 1	re and on I, Part I, col (A)	page	ere and on 1, Part I, , col (B)		,					Enter here and on page 1, Part II, line 26
Totals	L	0.		0.							0.
Schedule J - Advertisir											
Part I Income From I	Periodic	als Repo	orted o	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct rertising costs	4. Advert or (loss) (o col 3) If a ga cols 5 th	an, comput	5. Circula income		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	•	().	0	•			_			0.

Form 990-T (2018) ENSIGN PEAK ADVISORS, INC. 84-14329
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	• • • • • • • • • • • • • • • • • • • •	•	0.

Form 990-T (2018)



Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

■ Go to www.irs gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

2018

Name

Employer identification number

84-1432969 ENSIGN PEAK ADVISORS, INC. Partil Short-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below (h) Gain or (loss) Subtract Proceeds column (e) from column (d) and combine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) 1a Totals for all short-term transactions 41.00 reported on Form 1099-B for which basis / was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on 605,320. Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 605,320 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below. (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) (g) Adjustments to gain or loss from Form(s) 8949, This form may be easier to complete if you (sales price) Part II, line 2, column (g) round off cents to whole dollars. A STATE OF THE STA 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, ******** A CONTRACTOR if you choose to report all these transactions with a his and it is on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on 8,680,220. Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 220,561 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 14 ,900,781. 15 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Partell | Summary of Parts I and II 605,320. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 900,781. 17 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 26,506,101. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) 2018

JWA





Sales and Other Dispositions of Capital Assets

Internal Revenue Service

➤ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

84-1432969

ENSIGN PEAK ADVISORS, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in . See instructions (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
FROM K-1 - CL V			<u> </u>			adjustment	
DEBT SOLUTIONS LLC							31,342.
FROM K-1 - CL V							
INVESTMENTS USA							
LLC							9,976.
FROM K-1 - EIG							
ENERGY FUND XVI							33,551.
FROM K-1 - EIG							
ENERGY FUND XVII,							
LP							12,320.
FROM K-1 - EIG							
GLOBAL PRIVATE							
DEBT FUND-A (UL),							
LP							901.
FROM K-1 - KKR							
REVOLVING CREDIT							
PARTNERS II L.P .							11.
FROM K-1 -							
KOHLBERG TE				<u> </u>			
INVESTORS VIII,							
L.P.							<1,680.>
FROM K-1 - PA BLUE							
FUND							118,610.
FROM K-1 - PA SURF							
FUND							4,636.
FROM K-1 - PA-EP							
FUND							403,452.
FROM FORM 6781							<7,799.>
2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts) Enter each to	tal here and incli	ide on your					
Schedule D, line 1b (If Box A abo	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if B	ox C above is ch	necked)		<u> </u>			605,320.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Page 2

Name(s) shown on return. Name and SSN or taxpayor identification no not required if shown on page 1.

Social security number or taxpayer identification no.

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions on Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS

(E) Long-term transactions not reported to you on Form 1099-B

(E) Long-term transactions not reported to you on Form 1099-B

(E) Long-term transactions not reported to you on Form 1099-B

(E) Long-term transactions not reported to you on Form 1099-B

(E) Long-term transactions not reported to you on Form 1099-B

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(E) Long-term transactions not reported to you on Form 1099-B

(E) Long-term transactions not reported to you on Form 1099-B

(E) Long-term transactions not reported to you on Form 1099-B

(E) Lon

FROM K-1 - CL V DEBT SOLUTIONS LLC FROM K-1 - BIG ENERGY FUND XVI FROM K-1 - BIG GLOBAL PRIVATE DEBT FUND-A (UL), LP FROM K-1 - BIG PELICAN SPILLOVER FUND FROM K-1 - PA BLUE FUND FROM K-1 - PA SURF FUND FROM K-1 - PA-EP FUND FROM K-1 - PA-EP FUND TOTAL STATES ST	1 (a) Description of property (Example: 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss. If y in column	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
FROM K-1 - EIG ENERGY FUND XVI S109208. FROM K-1 - EIG GLOBAL PRIVATE DEBT FUND-A (UL), LP FROM K-1 - EIG PELICAN SPILLOVER FUND FUND FROM K-1 - PA BLUE FUND FROM K-1 - PA SURF FUND FROM K-1 - PA SURF FUND FROM K-1 - PA-EP FUND FROM K-1 - PA-EP FUND FROM K-1 - PA-EP FUND FROM FORM 6781 2 Totals. Add the amounts in columns (d), (o), (g), and (h) (cubtract negative amounts) Enter each total here and include on your Schedulo D, line 8b (if Box D above is checked), line 9 (if Box E							,	
ENERGY FUND XVI FROM K-1 - EIG GLOBAL PRIVATE DEBT FUND-A (UL), LP FON K-1 - EIG PELICAN SPILLOVER FUND FROM K-1 - PA BLUE FUND FROM K-1 - PA SURF FUND FROM K-1 - PA SURF FUND STAND FROM K-1 - PA-EP FUND FROM K-1 - PA-EP FUND STAND FROM K-1 - PA-EP FUND STAND STAND FROM K-1 - PA-EP FUND STAND STAND STAND STAND STAND STAND STAND STAND STAND SCHEDURG ((o), (g), and (h) (cubtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E								717.
FROM K-1 - EIG GLOBAL PRIVATE DEBT FUND-A (UL), LP FROM K-1 - EIG PELICAN SPILLOVER FUND FROM K-1 - PA BLUE FUND FUND FROM K-1 - PA SURF FUND FROM K-1 - PA-EP FUND FROM K-1 - PA-EP FUND FROM FORM 6781 2 Totals. Add the amounts in columns (d), (o), (a), and (h) (cubtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E					<u> </u>			
GLOBAL PRIVATE DEBT FUND—A (UL),					1	ļ		3109208.
DEBT FUND-A (UL), LP		_			1			
Description								
FROM K-1 - EIG PELICAN SPILLOVER PIND FROM K-1 - PA BLUE FUND FROM K-1 - PA SURF FUND FROM K-1 - PA-EP FUND FROM K-1 - PA-EP FUND FROM FORM 6781 2 Totals. Add the amounts in columns (d), (o), (g), and (h) (cubtract negative amounts) Enter each total here and include on your Schedule D, line 6b (f Box D above is checked), line 9 (f Box E								
PELICAN SPILLOVER FUND					ļ			509.
FUND								
FROM K-1 - PA BLUE FUND FROM K-1 - PA SURF FUND FROM K-1 - PA-EP FUND FROM FORM 6781 2 Totals. Add the amounts in columns (d), (o), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E	PELICAN SPILLOVER							
FUND 3254838. FROM K-1 - PA SURF	FUND				<u> </u>			<5,823,535.>
FROM K-1 - PA SURF FUND FROM K-1 - PA-EP FUND FROM FORM 6781 2 Totals. Add the amounts in columns (d), (o), (g), and (h) (cubtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E	FROM K-1 - PA BLUE							
FUND FROM K-1 - PA-EP FUND FROM FORM 6781 Solution of the second of the								3254838.
FROM K-1 - PA-EP FUND FROM FORM 6781 2 Totals. Add the amounts in columns (d), (o), (g), and (h) (cubtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E	FROM K-1 - PA SURF							
FUND FROM FORM 6781 1 (11,699.) 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (cubtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E								127,305.
FROM FORM 6781 < 11,699.> 2 Totals. Add the amounts in columns (d), (o), (g), and (h) (cubtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E	FROM K-1 - PA-EP							
2 Totals. Add the amounts in columns (d), (o), (g), and (h) (cubtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E					I			
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E	FROM FORM 6781							<u><11,699.</u> >
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E								
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E								
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negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E]
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E		·						
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E								<u> </u>
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E								
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E								<u> </u>
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E								
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E								
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E								
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E				-	1			
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E	2 Totals. Add the amounts in colum	nns (d), (o), (d), a	nd (h) (subtract		1			
Schedule D, line 8b (if Box D above is checked), line 9 (if Box E					1		1	
	•		•					
	· ·	•	•					8680220.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

General Business Credit

OMB No 1545-0895

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

For Paperwork Reduction Act Notice, see separate instructions.

► Go to www.irs.gov/Form3800 for instructions and the latest information.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No 22

Identifying number

FN2T			32909 '	<u>` </u>
Part		MT)		
	(See instructions and complete Part(s) III before Parts I and II.)	 		, ,
1	General business credit from line 2 of all Parts III with box A checked	1	9,505	<u> </u>
2	Passive activity credits from line 2 of all Parts III with box B checked 2			
3	Enter the applicable passive activity credits allowed for 2018 See instructions	3		<u> </u>
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with	,	20 212	
	box C checked. See instructions for statement to attach	4	20,313	<u> </u>
5	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked. See instructions	5	i	
6	Add lines 1, 3, 4, and 5	6	29,818	00
Part	II Allowable Credit			
7	Regular tax before credits	53 P. S.		:
<i>.</i>	 Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the 			
•	applicable line of your return	7	1,108,470	
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return		·	
8	Alternative minimum tax	LS Section		
	Individuals Enter the amount from Form 6251, line 11	Circuit .		
	• Corporations. Enter -0-	8	0	<u> </u>
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56	なりなった。		
9	Add lines 7 and 8	9	1,108,470	00
10a	Foreign tax credit	新典: 1 日本日本		
b	Certain allowable credits (see instructions)			
	Add lines 10a and 10b	10c	341,189	امم
С	Add lines to a and tob	100	341,109	100
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0-, on line 16	11	767,281	امما
• • •	Net income tax. Subtract line 10c from line 9 in zero, skip lines 12 through 10 and enter -0-, or line 10		707,201	-
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0- 12 767, 281 00	\$ 30 1 4 \$ 30 1 4		
12	THE FIE GUILLIAM. Subtract line for non-line 7 il 2210 of 1633, Chick-10-			
13	hand 25	***		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See Instructions	**		
14	Tentative minimum tax			
1-4	• Individuals Enter the amount from Form 6251, line 9	9		
	• Corporations. Enter -0-	新 35° 6		
		4 4 5 4 4 6 7		
•	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54			
15	Enter the greater of line 13 or line 14	15	185,570	
16	Subtract line 15 from line 11. If zero or less, enter -0	16	581,711	00
17	Enter the smaller of line 6 or line 16	17	29,818	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,	À TÉ		
	or reorganization.	6 m	,	<u> </u>
For Pa	perwork Reduction Act Notice, see separate instructions.		Form 3800	(2018)

Part				
lote:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and el	nter -	0- on line 26	
18	Multiply line 14 by 75% (0 75) See instructions	18	0	
19	Enter the greater of line 13 or line 18	19	185,570	00
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	581,711	00
21	Subtract line 17 from line 20. If zero or less, enter -0	21	542,388	00
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22		
23	Passive activity credit from line 3 of all Parts III with box B checked 23			
24	Enter the applicable passive activity credit allowed for 2018. See instructions	24		_
25	Add lines 22 and 24	25	0	00
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	, 0	00
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	581,711	00
28	Add lines 17 and 26	28	29,818	00
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	551,893	00
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	61,305	
31	Reserved	31		
32	Passive activity credits from line 5 of all Parts III with box B checked 32			
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33		
34	Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34		
35	Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked. See instructions	35		
36	Add lines 30, 33, 34, and 35	36	61,305	00
37	Enter the smaller of line 29 or line 36	37	61,305	00
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return • Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b	38	91,123	
			Form 3800	(2018)

Page	3
raye	٠

Form 3800 (2018) Name(s) shown on return ldentifying number ENSIGN PEAK ADVISORS, INC. 84-1432969 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below See instructions. A X General Business Credit From a Non-Passive Activity E Reserved **B** General Business Credit From a Passive Activity F Reserved G

Eligible Small Business Credit Carryforwards C General Business Credit Carryforwards D General Business Credit Carrybacks H Reserved I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III (a) Description of credit (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through entity, enter the EIN amount pass-through entity Investment (Form 3468, Part II only) (attach Form 3468) 1a 1a b Reserved 1b C Increasing research activities (Form 6765) 1c 28,505 d Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) . 1e е f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f g 1g Orphan drug (Form 8820) . . . 1h h New markets (Form 8874) . 1i i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) 1k ı Biodiesel and renewable diesel fuels (attach Form 8864) 11 m Low sulfur diesel fuel production (Form 8896) 1m Distilled spirits (Form 8906) n 1n o Nonconventional source fuel (carryforward only) . . 10 Energy efficient home (Form 8908) . . . p 1p Energy efficient appliance (carryforward only) . q 1q r Alternative motor vehicle (Form 8910) 11 Alternative fuel vehicle refueling property (Form 8911) . . . S t Enhanced oil recovery credit (Form 8830) 1t 1u Mine rescue team training (Form 8923) . . u Agricultural chemicals security (carryforward only) 1٧ Employer differential wage payments (Form 8932) . 1w w X Carbon oxide sequestration (Form 8933) 1x Qualified plug-in electric drive motor vehicle (Form 8936) У 1y Qualified plug-in electric vehicle (carryforward only) 1z Z aa Employee retention (Form 5884-A) 1aa hh General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) Other Oil and gas production from marginal wells (Form 8904) and certain ZZ 1zz 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 29,818 00 3 Enter the amount from Form 8844 here and on the applicable line of Part II 3 4a Investment (Form 3468, Part III) (attach Form 3468) 4a Work opportunity (Form 5884) 4b b C Biofuel producer (Form 6478) . . . 4c Low-income housing (Form 8586, Part II) d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e e f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f 61,305 Qualified railroad track maintenance (Form 8900) 4g g h Small employer health insurance premiums (Form 8941) 4h

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Employer credit for paid family and medical leave (Form 8994).

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61,305 00

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4z

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Dana	-
raue	•

-orm	3800	(201	8)

Name(s) s	hown on return		Ide	entifying	number	
ENSIG	N PEAK ADVISORS, INC.		84	4-143	2969	
Part II	General Business Credits or Eligible Small Business Credits (see	e inst	ructions)			
	te a separate Part III for each box checked below. See instructions		-			
	General Business Credit From a Non-Passive Activity E Reserved					
_	General Business Credit From a Passive Activity F Reserved					
	General Business Credit Carryforwards G Eligible Small	Busin	ess Credit Ca	rrvforw	/ards	
_	General Business Credit Carrybacks H Reserved			,		
	u are filing more than one Part III with box A or B checked, complete and attach firs	t an a	dditional Part	III com	hining amounts t	from
	arts III with box A or B checked. Check here if this is the consolidated Part III		idditional Fait	III COIII		▶ □
	(a) Description of credit		(b)			
	•		If claiming the c		(c) Enter the appropr	ate
	n any line where the credit is from more than one source, a separate Part III is needed for e ough entity	ach	from a pass-thro entity, enter the	ough)	amount	
	Investment (Form 3468, Part II only) (attach Form 3468)	40	entity, enter the	SCIIA		_
1a	***	1a				1
þ	Reserved	1b	15 110050			
C	Increasing research activities (Form 6765)	1c	47-110952	<u> </u>	2,188	<u> </u>
d	Low-income housing (Form 8586, Part I only)	1d				├──
е	Disabled access (Form 8826) (see instructions for limitation)	1e				<u> </u>
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				<u> </u>
g	Indian employment (Form 8845)	1 <u>g</u>				<u> </u>
h	Orphan drug (Form 8820)	1h				<u> </u>
j	New markets (Form 8874)	1i				
į	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				
k	Employer-provided child care facilities and services (Form 8882) (see					
	instructions for limitation)	1k				
i	Biodiesel and renewable diesel fuels (attach Form 8864).	11				
m	Low sulfur diesel fuel production (Form 8896)	1m				
n	Distilled spirits (Form 8906)	1n				
0	Nonconventional source fuel (carryforward only)	10				
р	Energy efficient home (Form 8908)	1p				
q	Energy efficient appliance (carryforward only)	1q				<u> </u>
r	A(4	1r		_		
s	Alternative motor vehicle (Form 8910)	1s				\vdash
t	Enhanced oil recovery credit (Form 8830)	1t				
	· · · · · · · · · · · · · · · · · · ·	1u	l			├─
u	Mine rescue team training (Form 8923)	10				
٧	Agricultural chemicals security (carryforward only)	 				\vdash
W	Employer differential wage payments (Form 8932)	1w	-			├
X	Carbon oxide sequestration (Form 8933)	1x				
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1 <u>y</u>				├─
Z	Qualified plug-in electric vehicle (carryforward only)	1z				<u> </u>
aa	Employee retention (Form 5884-A)	1aa				<u> </u>
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain					
	other credits (see instructions)	1zz				<u> </u>
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			2,188	00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				<u> </u>
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				
b	Work opportunity (Form 5884)	4b				
С	Biofuel producer (Form 6478)	4c				
d	Low-income housing (Form 8586, Part II)	4d				
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		$\neg \uparrow$	_	
g	Qualified railroad track maintenance (Form 8900)	4 g		\neg		
h	Small employer health insurance premiums (Form 8941)	4h			-	
i	Increasing research activities (Form 6765)	4i				
i	Employer credit for paid family and medical leave (Form 8994)	4j				\vdash
J		4z		-		\vdash
z	Other	5		+		\vdash
5 6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	<u> </u>		2,188	00
	Aud lines 2, 3, and 3 and enter here and on the applicable line of Part II	_ 0	L		Z, 188 Form 3800	
					Form 30UU	, (∠U18)

Form 380	0 (2018)				F	Page 3
Name(s) s	hown on return			ldentifyı	ng number	
ENSIG	N PEAK ADVISORS, INC.			84-14	32969	
Part II	General Business Credits or Eligible Small Business Credits (see	ınst	ructions)			
Comple	te a separate Part III for each box checked below See instructions					
A X	General Business Credit From a Non-Passive Activity E 🔳 Reserved					
в 🗌	General Business Credit From a Passive Activity F 🔳 Reserved					
С	General Business Credit Carryforwards G 🔲 Eligible Small	Busin	ess Credit C	Carryfo	wards	
D 🗆	General Business Credit Carrybacks H 🔳 Reserved					
	u are filing more than one Part III with box A or B checked, complete and attach firs	t an a	additional Pa	rt III co		
all P	arts III with box A or B checked Check here if this is the consolidated Part III			·		<u>▶</u>
	(a) Description of credit		(b) If claiming the	e credit	(c) Enter the appropr	uata
	n any line where the credit is from more than one source, a separate Part III is needed for e ough entity.	ach	from a pass-t entity, enter t	hrough	amount	iate
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
b	Reserved	1b				
С	Increasing research activities (Form 6765)		81-08340	049	44	ļ
d	Low-income housing (Form 8586, Part I only)	1d				
е	Disabled access (Form 8826) (see instructions for limitation)	1e	<u> </u>			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
g	Indian employment (Form 8845)	1g				_
h	Orphan drug (Form 8820)	1h				
!	New markets (Form 8874)	1i	 			
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)					
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k				
	Biodiesel and renewable diesel fuels (attach Form 8864)	11			•	
l m	Low sulfur diesel fuel production (Form 8896)	1m				-
m n	Distilled spirits (Form 8906)	10				
0	Nonconventional source fuel (carryforward only)	10		+	- .	
р	Energy efficient home (Form 8908)	1p		- 1		\vdash
q	Energy efficient appliance (carryforward only)	1g				_
r	Alternative motor vehicle (Form 8910)	1r				
S	Alternative fuel vehicle refueling property (Form 8911)	1s		İ		
t	Enhanced oil recovery credit (Form 8830)	1t				
u	Mine rescue team training (Form 8923)	1u				
V	Agricultural chemicals security (carryforward only)	1٧				
w	Employer differential wage payments (Form 8932)	1w				
x	Carbon oxide sequestration (Form 8933)	1x				
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
Z	Qualified plug-in electric vehicle (carryforward only)	1z				
aa	Employee retention (Form 5884-A)	1aa				
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain	١.				
•	other credits (see instructions)	1zz				-
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II	3			44	00
3		4a	-			<u> </u>
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a 4b				
b c	Biofuel producer (Form 6478)	40 4c	 			\vdash
d	Low-income housing (Form 8586, Part II)	4d				<u> </u>
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	1			
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	81-0834	049	10	
, g	Qualified railroad track maintenance (Form 8900)	4g	31 3034			-
h	Small employer health insurance premiums (Form 8941)	4h	<u> </u>			
i	Increasing research activities (Form 6765)	4i				1
j	Employer credit for paid family and medical leave (Form 8994)	4j				
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Add lines 4a through 4z and enter here and on the applicable line of Part II $\,$

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ENSIGN PEAK ADVISORS, INC. 84-143	32969								
Part III General Business Credits or Eligible Small Business Credits (see instructions)									
Complete a separate Part III for each box checked below See instructions									
A ☑ General Business Credit From a Non-Passive Activity									
B General Business Credit From a Passive Activity F Reserved									
C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards	wards								
D ☐ General Business Credit Carrybacks H ☐ Reserved									
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Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity from a pass-through entity, enter the EIN	amount								
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j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)									
k Employer-provided child care facilities and services (Form 8882) (see									
instructions for limitation)									
I Biodiesel and renewable diesel fuels (attach Form 8864)									
m Low sulfur diesel fuel production (Form 8896)									
n Distilled spirits (Form 8906) :									
o Nonconventional source fuel (carryforward only)									
p Energy efficient home (Form 8908)									
q Energy efficient appliance (carryforward only)									
r Alternative motor vehicle (Form 8910)									
s Alternative fuel vehicle refueling property (Form 8911)									
t Enhanced oil recovery credit (Form 8830)									
u Mine rescue team training (Form 8923)									
v Agricultural chemicals security (carryforward only)									
w Employer differential wage payments (Form 8932)									
x Carbon oxide sequestration (Form 8933)									
y Qualified plug-in electric drive motor vehicle (Form 8936) 1y									
z Qualified plug-in electric vehicle (carryforward only)									
aa Employee retention (Form 5884-A)									
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))									
zz Other Oil and gas production from marginal wells (Form 8904) and certain									
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f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820)	1h				
i	New markets (Form 8874)	1i				
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r	Alternative motor vehicle (Form 8910)	1r	 			
S	Alternative fuel vehicle refueling property (Form 8911)	15				-
t	Enhanced oil recovery credit (Form 8830)	1t			•	
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Z	Qualified plug-in electric vehicle (carryforward only)	1z				
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į :	Increasing research activities (Form 6765)	4i				
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е	Disabled access (Form 8826) (see instructions for limitation)	1e				
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820)	1h				
i	New markets (Form 8874)	1i				
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				
k	Employer-provided child care facilities and services (Form 8882) (see					
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u		1u				-
٧	, , , , , , , , , , , , , , , , , , , ,	10				-
V		1w		-+		
Х		1x		\dashv		
У		1y 1z		\dashv		
Z		1aa		\dashv		
	Employee retention (Form 5884-A)	1bb		\dashv		
		100		-		
2	Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		-		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			0	00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				"
4a		4a				
b		4b		寸	<u></u>	
C		4c		\dashv		
d	· · · · · · · · · · · · · · · · · · ·	4d		寸		
e		4e		\dashv		1
f		4f	46-1802085	5	22,587	
g g		4g		\dashv	22/221	
h		4h	<u> </u>			1
i	Increasing research activities (Form 6765)	4i		寸		
j	Employer credit for paid family and medical leave (Form 8994)	4j	_			
z		4z				

5

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

22,587 00

	3800 (2018)				Page 3
Nam	e(s) shown on return		Iden	tifying number	
	GIGN PEAK ADVISORS, INC.			1432969	
	t III General Business Credits or Eligible Small Business Credits (se	e inst	ructions)		
	nplete a separate Part III for each box checked below See instructions				
	☐ General Business Credit From a Non-Passive Activity				
В [☐ General Business Credit From a Passive Activity F☐ Reserved				
C [🛚 General Business Credit Carryforwards 💮 🗖 Eligible Small	Busin	ess Credit Carry	/forwards	
	☐ General Business Credit Carrybacks H☐ Reserved				
	If you are filing more than one Part III with box A or B checked, complete and attach fir	st an a	additional Part III		
	all Parts III with box A or B checked. Check here if this is the consolidated Part III				<u>▶ </u>
	(a) Description of credit		(b) If claiming the cre	(c)	
	e: On any line where the credit is from more than one source, a separate Part III is needed for	each	from a pass-throu	gh amount	riate
	-through entity		entity, enter the E	IN	
1	· · · · · · · · · · · · · · · · · · ·	1a			
	b Reserved	1b			
	c Increasing research activities (Form 6765)	1c		19,108	_
	d Low-income housing (Form 8586, Part I only)	1d		1,205	<u> </u>
1	Disabled access (Form 8826) (see instructions for limitation)	1e			—
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
!	g Indian employment (Form 8845)	1 <u>g</u>		·	<u> </u>
	h Orphan drug (Form 8820)	1h			<u> </u>
İ	i New markets (Form 8874)	1i			<u> </u>
į	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j			
	k Employer-provided child care facilities and services (Form 8882) (see	Ì			
	instructions for limitation)	1k			
	Biodiesel and renewable diesel fuels (attach Form 8864)	11			<u></u>
	m Low sulfur diesel fuel production (Form 8896)	1m			
	n Distilled spirits (Form 8906)	1n			
	Nonconventional source fuel (carryforward only)	10			
	p Energy efficient home (Form 8908)	1p			T
	q Energy efficient appliance (carryforward only)	1 q			
	r Alternative motor vehicle (Form 8910)	1r			
	s Alternative fuel vehicle refueling property (Form 8911)	1s	-		
	Enhanced oil recovery credit (Form 8830)	1t			
	Mine rescue team training (Form 8923)	1u			
	Agricultural chemicals security (carryforward only)	1٧			
	w Employer differential wage payments (Form 8932)	1w			1
	Carbon oxide sequestration (Form 8933)	1x			
	y Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
	Qualified plug-in electric vehicle (carryforward only)	1z			\vdash
	aa Employee retention (Form 5884-A)	1aa			\vdash
	bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			+-
	zz Other. Oil and gas production from marginal wells (Form 8904) and certain				
	other credits (see instructions)	1zz			
2		2		20,313	00
3		3		20,313	100
4		4a			
		4b	+	-	+
		4c			+-
		4d		_	+-
	d Low-income housing (Form 8586, Part II)		-	_	
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		21 414	+
	f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	 	21,414	+
	g Qualified railroad track maintenance (Form 8900)	4g	ļ		+
	h Small employer health insurance premiums (Form 8941)	4h			+
	Increasing research activities (Form 6765)	4i		-	
	Employer credit for paid family and medical leave (Form 8994)	4j			
	z Other	4z	ļ		
5	· · · · · · · · · · · · · · · · · · ·	5		21,414	
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	<u> </u>	41,727	
				Form 3800	(2018)

Form **4562**

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

990-T

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No 1545-0172

Identifying number

ENSIGN PEAK ADVISORS,						r page			84-1432969
Part Election To Expense Certain Prop	erty Under Section 17	'9'Note: If yo	u have any lis	sted pr	operty	, complète Pa	rt V bef	ore y	ou complete Part I
1 Maximum amount (see instructions)			`				L	1	1,000,000.
2 Total cost of section 179 property pla	ced in service (see i	instructions)						2	
3 Threshold cost of section 179 propert	L	3	2,500,000.						
4 Reduction in limitation Subtract line 3		4							
5 Dollar limitation for tax year Subtract line 4 from lin	ne 1 if zero or less, enter -	0- If married filin	g separately, see i	nstruction	ns			5	
6 (a) Description of j	property		(b) Cost (busin	iess use d	only)	(c) Electe	d cost		
					·				
				,					
7 Listed property. Enter the amount from	m line 29	•			7				: 11 Miles 17 1 April 1
8 Total elected cost of section 179 prop	perty Add amounts	ın column (c), lines 6 and	7.	-	-	-	8	
9 Tentative deduction Enter the smalle					-	. ,	· -	9_	
10 Carryover of disallowed deduction fro	•		•				-	10	
11 Business income [imitation. Enter the					ne 5	-	,	11	
12 Section 179 expense deduction. Add	•			:11		<u> </u>		12	
13 Carryover of disallowed deduction to				•	13				
Note: Don't use Part II or Part III below fo	 								<u> </u>
Special Depreciation Allow		· · · · · · · · · · · · · · · · · · ·							
14 Special depreciation allowance for qu	alified property (oth	er than listed	d property) pla	aced in	servic	e during			
the tax year							-	14	
15 Property subject to section 168(f)(1) e	lection .	•				-	-	15	
16 Other depreciation (including ACRS) Partilla MACRS Depreciation (Don'	16		-4		.		·	16	
श्रिवत्साशि MACRS Depreciation (Don'	t include listed pro		ction A						
47 MACOO deduction for contact along				<u> </u>	-		· T	47	
17 MACRS deductions for assets placed		ars beginning	g before 2018					17	
18 If you are electing to group any assets placed in set	rvice during the tax year in	ars beginning to one or more g	p before 2018	ints, chec		peral Depres		a p	
18 If you are electing to group any assets placed in set Section B - Asset	rvice during the tax year in	ars beginning to one or more g e During 20	g before 2018 eneral asset accounts 18 Tax Year Under depreciation	unts,\chec Jsing t	he Ge	.	iation S	yste	m
18 If you are electing to group any assets placed in set	rvice during the tax year in s Placed in Service	ars beginning to one or more go e During 20 (c) Basis fo (business/ir	g before 2018 eneral asset accounts 18 Tax Year U	Jsing t			iation S	yste	
18 If you are electing to group any assets placed in set Section B - Asset	rvice during the tax year in S Placed in Service (b) Month and year placed	ars beginning to one or more go e During 20 (c) Basis fo (business/ir	g before 2018 eneral asset accounts 18 Tax Year Under depreciation evestment use	Jsing t	t he Ge Recovery	.	iation S	yste	m
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18 If you are electing to group any assets placed in see Section B - Asset (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	rvice during the tax year in S Placed in Service (b) Month and year placed	ars beginning to one or more go e During 20 (c) Basis fo (business/ir	g before 2018 eneral asset accounts Tax Year Understanding	Jsing t	the Gel	.	iation S	Systement of the state of the s	m (g) Depreciation deduction
18 If you are electing to group any assets placed in see Section B - Asset (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	Placed in Service (b) Month and year placed in service	ars beginning to one or more go e During 20 (c) Basis fo (business/ir	g before 2018 eneral asset accounts Tax Year Understanding	Jsing t (d)	Recovery period	(e) Convention	iation S	Systement of the state of the s	m (g) Depreciation deduction
18 If you are electing to group any assets placed in see Section B - Asset (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	Price during the tax year in S Placed in Service (b) Month and year placed in service	ars beginning to one or more go e During 20 (c) Basis fo (business/ir	g before 2018 eneral asset accounts Tax Year Understanding	unts, check Jsing t (d) 2 27 27	Recovery period 5 yrs.	(e) Convention	iation S	Cyste thod	m (g) Depreciation deduction
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Section B - Asset (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets	Placed in Service (b) Month and year placed in service (b) Month and year placed in service // // Placed in Service	ars beginning to one or more gi e During 20 (c) Basis for (business/ir only - see	g before 2018 eneral asset accounts Tax Year Uses Instructions)	2 27 27 3 3 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. e Alter	(e) Convention MM MM MM MM	Signation Signal (f) Mee	Syste thod //L //L //L //L //L //L //L /	(g) Depreciation deduction
Section B - Asset (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets 20a Class life b 12-year c 30-year d 40-year	Placed in Service (b) Month and year placed in service (c) Month and year placed in service / / / Placed in Service	ars beginning to one or more gi e During 20 (c) Basis for (business/ir only - see	g before 2018 eneral asset accounts Tax Year Uses Instructions)	2 27 27 3 3 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. e Alter	MM MM MM MM MM	Sylvania Syl	Syste thoo	(g) Depreciation deduction
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Section B - Asset (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets 20a Class life b 12-year c 30-year d 40-year	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // / / Placed in Service	ars beginning to one or more gi e During 20 (c) Basis for (business/ir only - see	g before 2018 eneral asset accounts Tax Year Uses Instructions)	2 27 27 3 3 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. e Alter	MM MM MM MM MM MM MM	Sin (f) Me	Syste thoo	(g) Depreciation deduction
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Section B - Asset (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property i Nonresidential real property C 30-year	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // Placed in Service // // / pee 28 s 14 through 17, limits of your return Page 19 19 19 19 19 19 19 19 19 19 19 19 19	ers beginning to one or more given beginning 20 (c) Basis for (business/ir only - see During 2018 During 2018	g before 2018 eneral asset accounts to the second series of the second s	2 27 27 3 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs 0 yrs.	MM MM MM MM MM MM MM MM MM MM MM	Sin (f) Me	Syste thod //L //L //L //L Syst	(g) Depreciation deduction
Section B - Asset (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property h Residential rental property i Nonresidential real property i Nonresidential real property C 25-year property i Nonresidential real property Section C - Assets 20a Class life b 12-year c 30-year d 40-year Part IV: Summary (See instructions) 21 Listed property. Enter amount from line 22 Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // Placed in Service // // per 28 s 14 through 17, line is of your return Pain service during the	ers beginning to one or more given beginning 20 (c) Basis for (business/ir only - see During 2018 During 2018	g before 2018 eneral asset accounts for the second	2 27 27 3 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs 0 yrs.	MM MM MM MM MM MM MM MM MM MM MM	Sin (f) Me	Systement of the control of the cont	(g) Depreciation deduction

Part V

ENSIGN PEAK ADVISORS, INC.

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

	Section A -	Depreciation	on and Other I	nformat	tion (Ca	ution: S	See the I	nstruc	tions for li	mits for p	asseng	er autom	obiles)		
Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Ye												Yes [No		
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	ot ot	(d) Cost or her basis	(bus	(e) is for depre siness/inve use only	Stment	(f) Recovery period	Met	g) hod/ ention	(h) Depreciation deduction		Elec sectio co	n 179
25	Special depreciation allo	wance for q	ualified listed p	roperty	placed i	n servic	e during	the ta	x year and	t					
	used more than 50% in				•						25				
26	Property used more that	n 50% ın a q	ualified busine	ss use											
			9	6											
_	<u> </u>		9	6											
			9	6											
27	Property used 50% or le	ss in a quali	fied business u	ise											
				6						S/L·					
			9	6						S/L -					
			9	6						S/L -					
28	Add amounts in column	(h). lines 25	through 27 Er	nter here	and on	line 21.	page 1	_	•		28				j
	Add amounts in column		-										29		
						mation	on Use	of Veh	nicles						
	omplete this section for ve your employees, first ans													rehicles	
	your employees, mst ans	wei the ques		110105	ee ii yoo	i illeet al	ii evceb	1	COMPletii	1	CHOITIO	ı ulose v	erricies.		
				(;	a)	(1	b)		(c)	(d)	(())	(f)
30	Total business/investment	miles driven d	uring the	Vet	ncle	Vet	Vehicle Vehicle		/ehicle	Vehicle		Vehicle		Veh	icle
	year (don't include commu	ting miles)													
31	Total commuting miles of	driven during	the year						_						
32	Total other personal (no driven	ncommuting) miles											,	
33	Total miles driven during	the vear					-								
	Add lines 30 through 32	•													
34	Was the vehicle available		al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•													
35	Was the vehicle used pr	marıly by a	more												
	than 5% owner or relate	• -										1			
36	Is another vehicle availa	-	nal												
•	use?	,o po								i					`
_		Section C	- Questions f	or Empl	overs W	ho Prov	ride Veh	icles 1	for Use by	/ Their E	mplove	es	-		
An	swer these questions to d			-	-				-				ren't		
	ore than 5% owners or rela	•	<u>.</u>							•	. ,				
_	Do you maintain a writte			ohibits a	ll person	al use o	f vehicle	s. incl	udina con	mutina.	by your			Yes	No
,	employees?	poo, o.u.	.ooric and pro		F 0.00.						-, ,	_			111
38	Do you maintain a writte	n nolicy stat	tement that or	ohibits o	ersonal	use of v	ehicles	excent	t commute	na by vo	nur .				
50	employees? See the ins		•	•											
30	Do you treat all use of v			•		.5575, GI		J. 170	5. 111010 0		•				
	Do you provide more the	•				nformeti	on from	VOLUE 4	emplovees	about					<u> </u>
70	the use of the vehicles,		-	-			511 110111	,your e	pioyees	about					
41	Do you meet the require					monstrat	tion use	7				•	•		
71	Do you moot the foliality		on any qualified				450	•							1

Part VI Amortization (a) Description of costs	(b) Dale amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins di	uring your 2018 tax year	-			T
	- - -	 			`
43 Amortization of costs that began be	43	6,962,458			
44 Total. Add amounts in column (f) See the instructions for where to report					6,962,458

Form 4562 (2018) 816252 12-26-18

2018 DEPRECIATION AND AMORTIZATION REPORT

'		{								-
- ,	Ending Accumulated Depreciation	1,102,570.	1,926,786.	16593188;	29590363.					tion, GO Zone
	Current Year Deduction	0		4,740,911.	6, 962, 458.					ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense					-				nercial Revita
`	Beginning Accumulated Depreciation	,102,570.	,734,107.	11852277.	22627905.					Bonus, Comn
	Basis For Depreciation	,102,570.1 ,414,945	,926,786.1 7701,761	23704554.	40293197.			1		ITC, Salvage,
**	Reduction In Basis									1
	Section 179 Expense	1 J								,
990-T	Bus % Excl					4.1				pesed
`	Unadjusted Cost Or Basis	,102,570.	,926,786. 701,761	23704554.	40293197.				Birth.	(D) - Asset disposed
	Cine	44.3 44.3	£ 15.	<u> </u>						1 ,
	00c>	H.	b-seeded.d			100				, ,
	Lıfe	еом 60м	E D. CMCCO 4	60м 60м						
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	Date Acquired	11/10//0 21//10//202	07/01/13 207/01/14	07/01/15 07/01/16						,
990-T PAGE 1	Descripton	INTANGIBLE DRILLING COSTS	INTANGIBLE DRILLING COSTS INTANGIBLE DRILLING COSTS	INTANGIBLE DRILLING COSTS INTANGIBLE DRILLING COSTST * TOTAL 990-T PG 1 DEPR &	AMORT					-01-18
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Form **8827**

Department of the Treasury Internal Revenue Service

Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information

OMB No. 1545-0123

Name	Employer Identification number			
ENSIGN PEAK ADVISORS, INC.	84-1432969			
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1			
2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2	1,099,813.		
3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3			
4 Add lines 1, 2, and 3	4	1,099,813.		
5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	676,158.		
6 Enter the refundable minimum tax credit (see instructions)	6	211,828.		
7 Add lines 5 and 6	7	887,986.		
8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	887,986.		
b Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition				
excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	8b	676,158.		
e Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this	80	211,828.		
amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	00	211,020+		
9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	9	211,827.		